## PART B - FEE(S) TRANSMITTAL

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P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Parent, selvance orders and solutination of maintenance fees will be mailed to the current correspondence address and included unless corrected below or directed collectivate in Block I, by (6) people-generace address, and GeV (6) indicating FEE ADDRESS' for included unless corrected below or directed collectivate in Block I, by (6) people-generace address, and GeV (6) indicating FEE ADDRESS' for including the second of the maintenance fee notifications

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08/04/2011

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Laurence B. Bond TRASKBRITT

P.O. Box 2550 Salt Lake City, UT 84110 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Fostal Service with sufficient postage for first class mail in an envelope addressed to the Mail Ston ISSUE FEE address above, or being facsimile formation of the ISPUT (\$13.19 FEE address above, or being facsimile formation) and the ISPUT (\$13.19 FEE address above, or being facsimile formation).

transmitted to the OSF 1O (3/1) 2/3-2003, on the	date mulcated below.
Jennifer Jackson	(Depositor's name)
/Jennifer Jackson/	(Signature)
November 3, 2011	(Date)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO FILING DATE Hector Daniel Elbaum 1866-8624US 5028 10/580.663 03/23/2007

TITLE OF INVENTION: SECURE PAYMENT SYSTEM

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510K \$1740	\$300	\$0	\$1618\$2040	11/04/2011
EXA	MINER	ART UNIT	CLASS-SUBCLASS			
ST CYR	, DANIEL	2876	235-380000			
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3. ASSIGNEE NAME A PLEASE NOTE: Us recordation as set for (A) NAME OF ASS POINT OF PAY	aless an assignee is ident th in 37 CFR 3.11. Com IGNEE	A TO BE PRINTED ON iffied below, no assignee pletion of this form is NO	THE PATENT (print or ty data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY VICTORIA, AUST	atent. If an assignee is le assignment.  and STATE OR COUNT	dentified below, the docu	ument has been filed

Please check the appropriate assignee category or categories (will	not be printed on the patenty.	Ca Indialdray	Corporation of outer prin	are Broad anni	
4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (	Please first rea	pply any previously paid issu	ae fee shown abo	ove)

Issue Fec Publication Fee (No small entity discount permitted)

A check is enclosed.

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_201469\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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Authorized Signature	Aln (}	m	Date November 3, 2011	_

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